

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO. _____		FILING DATE _____				
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57		/				
8		4					58	/					
9		①					59		/				
10		①					60		/				
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		①					81						
32	/						82						
33		/					83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38	/						88						
39	/						89						
40	/						90						
41		/					91						
42		①					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	16						TOTAL IND.	2					
TOTAL DEP.	36						TOTAL DEP.	8					
TOTAL CLAIMS	52						TOTAL CLAIMS	10					